## STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Sunovion Pha	rmaceuticals Inc. Good Governance Fund	
ADDRESS (number and	84 Waterford Drive	
(Check if address is changed)		
	Marlborough	MA 01752 - 1111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address	good.governance@sunovion.com	
is changed)	L,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COMMITTEE'S WER	PAGE ADDRESS (URL)	
_		1
(Check if address is changed)		
2. DATE <b>M</b> 1	2 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00423236	
4. IS THIS STATEM	IENT NEW (N) OR X AMENDED (A)	-
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
	Stankan Erraman	
Type or Print Name of	Treasurer Stephen Freeman	
Signature of Treasurer	Electronically Filed by Stephen Freeman	Date 11 23 YYYYY
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this State  ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office		antaat.
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	